DEP/ RTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
   (916) 445-1912   January 6, 1983

To: All County Welfare Directors   Letter No. 83-3

COUNTY MEDICAL SERVICES PROGRAM -- IDENTIFICATION CARD

Attached for your information is a sample of the County Medical Services
Program (CMSP) identification card. This card will be provided to CMSP
individuals residing in those counties that have chosen the option of
contracting back with the Department for administrative services associated
with the CMSP.

The CMSP card will be provided to persons each month they are eligible
for the CMSP.

While the CMSP card is printed on paperstock with perforated lines on the
right half of the card (where labels would exist on a Medi-Cal card) the
perforated sections are not intended for removal by the provider.

Providers, including out-of-state providers who will submit claims using
the CMSP card must meet Medi-Cal program provider requirements. Provider
bulletins will be released soon describing the billing procedures for
services rendered to CMSP beneficiaries.

If you have any questions, please contact Laura Vargas, 714 P Street, Room 1350
Sacramento, CA 95814, (916) 445-1161.

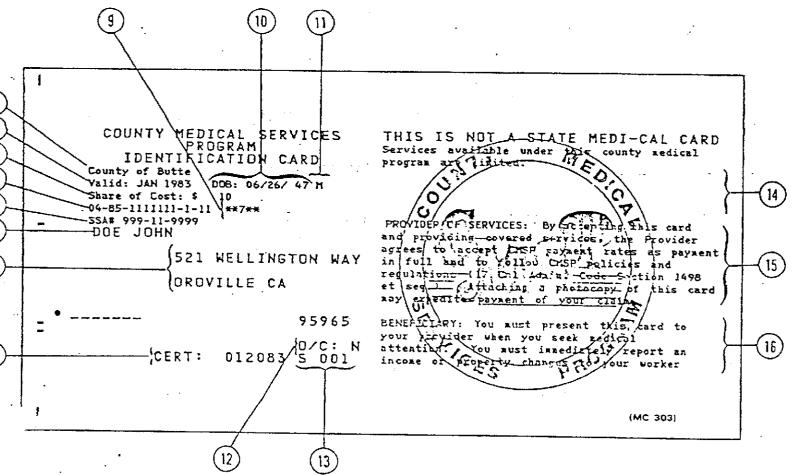   Sincerely,

                                        ORIGINAL SIGNED BY

                                        Madalyn M. Martinez, Chief
                                        Eligibility Branch

Attachment
cc: Medi-Cal Liaisons
      Medi-Cal Program Consultants
      Peter Abbott, 8/1350

COUNTY MEDICAL SERVICES
PROGRAM
IDENTIFICATION CARD
County of Butte
Valid: JAN 1983   DOB: 06/26/ 47 M
Share of Cost: $ 10
-04-85-1111111-1-11 **7**
-SSA# 999-11-9999
DOE JOHN

521 WELLINGTON WAY
OROVILLE CA

95965

CERT: 012083 O/C: N
                 S 001

THIS IS NOT A STATE MEDI-CAL CARD
Services available under this county medical
program are limited.

PROVIDER OF SERVICES: By accepting this card
and providing covered services, the Provider
agrees to accept CMSP payment rates as payment
in full and to follow CMSP policies and
regulations (17 Cal. Admin. Code Section 1498
et seq.) Attaching a photocopy of this card
may expedite payment of your claim.

BENEFICIARY: You must present this card to
your provider when you seek medical
attention. You must immediately report an
income or property changes to your worker

(MC 303)

Note: Although the card is printed on paperstock with perforated
lines on the right half of the card, the perforations are
not intended for use by providers.

1.   Beneficiary County of
     Residence

2.   Valid Month of Card

3.   Share of Cost Amount

4.   Beneficiary ID number

5.   Beneficiary Social
     Security Number

6.   Beneficiary Name

7.   Beneficiary Address

8.   Date of Certification
     (Only applies for SOC
      Beneficiaries 85 & 89)

9.   Beneficiary ID Number Check
     Digit

10. Date of Birth of Beneficiary

11. Sex of Beneficiary

12. Other Coverage Indicator

13. DHS Internal Batch
     Identifier

14. Future Use Area

15. Provider Instructions

16. Beneficiary Instructions